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ABSTRACT

This report describes and evaluates the La Grange (Illinois) Area Department of Special Education (LADSE) network for students with emotional and behavioral disorders (EBD). It also presents a curriculum guide for applying the wraparound approach in schools. The LADSE EBD network is based on three levels of support: special classroom, supported inclusion, and prevention. Descriptive material covers the roles of LADSE EBD network staff and the characteristics, goals, guiding principles, and program quality indicators of each of the three levels of service. Also included are a listing of challenges identified by classroom teachers, strategies for teachers, a student case study, and a list of examples of services. The curriculum guide first explains the concept of wraparound planning, identifies life domain areas for planning, and focuses on strategies for school-based wraparound planning. Eight steps for school-based individualized planning are detailed. Information is also provided on school-based child and family teams, identification of key players for an individual student, the student strength assessment, teacher parent alliance building, crisis planning, and the planning meeting. The report's final section presents evaluation findings of the EBD partnership initiatives for 1994-95. Findings indicate decreased out-of-home placements, less restrictive placements, and positive teacher, parent, and student perceptions. (Contains 44 references.) (DB)

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LA GRANGE AREA DEPARTMENT OF SPECIAL EDUCATION

EMOTIONAL AND BEHAVIORAL DISABILITIES NETWORK

LADSE
1301 W. COSSITT AVE.
LA GRANGE, IL 60525

EC 306239

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I. THE LADSE EBD NETWORK:

Structure, Goals and Quality Indicators

August, 1996

LADSE: Supporting education for all children in the school districts of:

53 — Oak Brook
61 — Darien
62 — Gower
94 — Komarek
95 — Brookfield-La Grange Park
96 — Riverside
101 — Western Springs
102 — La Grange (North)
103 — Lyons
105 — La Grange (South)
106 — La Grange (Highlands)
107 — Pleasantdale
181 — Hinsdale
86 — Hinsdale Township High School
204 — Lyons Township High School
208 — Riverside-Brookfield High School

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LADSE EBD NETWORK: A CONTINUUM OF SERVICE OPTIONS FOR STUDENTS WITH EBD

The La Grange Area Department of Special Education partners with local school districts to provide a network of services for students with emotional and behavioral disabilities (EBD Network).

The EBD Network, first implemented in the Fall of 1995, is built on three levels of support that consist of a wide variety of people who have knowledge and resources in many different areas.

Level I - Special Classroom

Level II - Supported Inclusion

Level III - Prevention

LADSE: Supporting education for all children in the school districts of:

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208 — Riverside-Brookfield High School

ROLES OF LADSE EBD NETWORK STAFF

Education occurs when a student and teacher enter into a relationship about learning. The LADSE EBD Network consists of staff whose job it is to assist in the growth of that relationship. These roles include:

- **The Program Consultant works to provide leadership and handle administrative responsibilities.**
- **The Classroom Teacher provides daily support and security needed to develop trust.**
- **The Team Teacher/Technical Assistance Facilitator provides hands-on assistance for classroom teachers, helps problem solve challenging situations and facilitates academic and behavioral interventions.**
- **The Family Service Facilitator knows each student and his or her family and works to support the family with any issues that may be interfering with a student's progress.**
- **Representatives from the home districts are present to add resources and plan for the transition back to the home school.**
- **Respite workers, available before and after school, evenings and weekends to provide tutoring, homework assistance, supervision of extra curricular or recreational programs or escorts to and from school.**

LEVEL I: *Special Classroom*

Individualized wraparound plans designate services to support students with EBD who are attending self-contained programs.

- One self-contained classroom at each of three levels (primary, intermediate and junior high).
- An average enrollment of seven students with a full-time teacher and a full-time aide.
- All students have an individualized wraparound plan.
- The daily program stresses consistency in following rules and expectations, and emphasizes taking responsibility for one's behavior.
- Routines are established with schedules that consider diverse individual student needs, frequent reinforcement, high energy levels and communicating feelings and emotions.
- Academic progress is stressed by planning instructional strategies based on student strengths and/or general school curriculum.
- Motivating high interest materials, hands on experiences, immediate feedback, encouragement to attempt new academic material and celebrating success.
- Good home/school communication assists behavioral and academic progress, and a cycle of success begins as students experience positive learning.

LEVEL II: *Supported Inclusion*

Provides individual wraparound plans for students with EBD who are receiving services in less restrictive settings in their home schools.

- **Access to the same staff and supports as students in Level I, but these services are provided in combination with general education, resource or cross categorical programs in their home schools.**
- **Student/Family Teams identify strengths, needs and strategies, and the supports and services necessary to follow through on the wraparound plan.**
- **Network and community resources are integrated for a truly individualized wraparound plan, based on strengths.**
- **Plans are designed to meet students' unique needs in more than just the educational domain.**

LEVEL III: *Prevention*

Preventative, proactive and consultive services for students in general education who may be experiencing emotional or behavioral difficulties.

- **School teams are assisted in developing strength-based prevention plans.**
- **LADSE's Staff Development unit is especially active in Level III and consults with school teams about the use of effective instructional strategies and interventions.**
- **Behavior management plans, communication systems, learning styles, and other training or technical assistance is available to school teams.**

GOALS OF LADSE EBD NETWORK

1. Improve academic and behavioral outcomes for students with or at-risk of EBD.

2. Develop a comprehensive wraparound plan for students with or at-risk of EBD that address:

    - home school
    - family
    - necessary community resources

3. Ensure effective implementation of comprehensive wraparound plans at the student's home school that meets the needs of the students, teachers and school.

4. Implement comprehensive interventions that develop academic, behavioral and social skills to insure effective participation in school settings.

5. Provide services to schools to enhance their capacity to meet the needs of students with or at-risk of EBD.

6. Identify and facilitate access of additional outside resources to enhance home school's capacity to effectively educate students with or at risk of EBD.

7. Reduce the number of students who require a self-contained school placement, day placement, or psychiatric hospitalization.

GUIDING PRINCIPLES OF LEVEL I OF THE LADSE EBD NETWORK

1. The program is designed to fit the needs of the student as indicated by the individual wraparound team/plan as opposed to attempting to make the student fit the program.

2. Comprehensive wraparound plans are be developed for each child with a focus on a time-limited placement in Level I classrooms.

3. Wraparound plans indicating expected outcomes and strategies for each period/subject of the day are developed with the home school prior to entering the Level I classroom.

4. Students return to their home school for inclusion opportunities per the individualized wraparound plan.

5. The Level I teachers utilize team members available to them for support, supervision, and problem solving to meet individual student needs.

6. Ongoing data collection/analysis guides program implementation.

GUIDING PRINCIPLES OF THE LADSE
LEVEL II EBD NETWORK

1. **Comprehensive wraparound plans will be developed for each child with the focus on strategies to maintain the student in their home school.**

2. **The LADSE Network will provide direct support and consultation to the school team, the student and family as indicated by the individual wraparound plan.**

3. **All areas of the school day will be addressed in the educational plan.**

4. **Parents are an integral part of the team.**

5. **Community agencies are identified to be ongoing team members and to provide support and consultation.**

6. **Technical assistance will be provided to meet school, district, and/or cooperative needs in providing services to students with EBD.**

7. **Ongoing data collection and evaluations will guide the Network's service delivery.**

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LADSE EBD NETWORK
PROGRAM QUALITY INDICATORS

August, 1996

BACKGROUND:

School-based wraparound plan guides the implementation of interventions that develop and support necessary academic and behavioral skills needed for students to effectively participate in their schools and communities. This includes identifying, accessing and/or developing resources and strategies to enhance the school's capacity to effectively educate the student. Pinpointing effective interventions, and implementing support plans for students and teachers through hands-on technical assistance are essential to the process.

The program design supports implementation of individualized school-based wraparound plans for students. The plans are developed to fit individual student needs as opposed to attempting to make a student fit a program. Expected outcomes for each period/subject are developed based on the needs identified by the teachers, student and family. Teachers use LADSE EBD Network and team resources for guidance, support, and problem-solving to meet individual student needs. Ongoing data collection, including review of progress towards outcomes designated on plans, guides program implementation.

PROGRAM QUALITY INDICATORS:

To ensure a focus on the above program outcomes, quality indicators for program implementation have been developed. Progress towards implementation of quality indicators are reviewed by LADSE EBD Network members and wraparound team members on a regular basis. Quality indicators were developed for both Level I, self-contained classes and Level II, supportive inclusion. A checklist was also developed to acquire baseline information on the level of implementation the team felt they were starting with and where they needed to improve.

The quality indicators were utilized in a number of ways throughout the 1995-96 year. Initially, they were used in program development. They provided common goals and direction for the teams and served as a reminder that students and family have input into programming. A second use was in training. The features of the quality indicators lend themselves to developing comprehensive plans for students and their family within the school environment. They directed the team to not lose sight of the importance of academics as a primary behavior intervention. They also provided direction for staff in their roles within child/family teams. A final use was in program evaluation. A team and principal survey based on the presented expectation of the quality indicators was developed. This provided feedback for the LADSE EBD Network regarding satisfaction and perception of the Network implementation.

These quality indicators address the following components of the educational program:

Academic: Teachers program for academics following the curricular outcomes of the general education classroom. Effective group and individual instructional strategies for maximum learning opportunity are included. This involves, weekly instructional goals and daily instructional lessons tied to learning outcomes. Teacher and student supports to maximize instructional approaches and expectations for typical students in regular classrooms are included.

Teaming: Teaming is integrated in both planning and delivery of services. Wraparound plans that address all components of the school day are viewed and revised at least every five weeks. Network resources are available to teacher(s) for planning, crisis intervention, and facilitation of communication with other team members.

Social/Emotional and Behavioral: Desired outcomes for behavior reflects typical school expectations and consequences and supports needed to approximate them. Behavioral needs are addressed in a way that teaches students to identify and evaluate their behavior and make effective choices. This involves flexible strategies to meet individual student needs. Teaching and facilitating generalization of social skills is included per individual plans.

Behavior Management: Interventions fit into a continuum of lest restrictive to most restrictive. Decisions on which strategies to use are based on expected outcomes, student response and potential for teaching appropriate behaviors. Team members communicate with students in a positive reflective manner, giving rationales for behavior, and by suggesting or modeling replacement behaviors. This includes proactive crisis plans and interventions that defuse and reduce challenging behaviors.

Parent Participation: Parents are an integral part of the team and planning meetings are scheduled to accommodate parent needs and ensure their participation. Team members are assigned to assist families in identifying and communicating their needs through the team process.

Community Involvement: Community services are identified and accessed through the team process. Team members are assigned to assist schools and families in coordinating and communicating with medical, mental heath, social service and other providers.

Technical Assistance/Training: Classroom teachers and other team embers are provided with hands-on technical assistance and ongoing training to ensure effective implementation of interventions. This includes research-based instructional and behavioral strategies that are outcome focused. Classroom, school, and district level technical assistance/training opportunities are available to build school capacity to effectively support students and teachers.

Evaluation and Tracking of Student Progress: Evaluation data includes student outcomes and teacher/family satisfaction measures. Team monitor progress and revise plans and interventions based on evaluation data. Technical assistance and training are designed for team members based on information obtained through the evaluation process.

NEXT STEPS:

The teams will continue to use the Quality Indicators to help focus on comprehensive planning. Some of the quality indicators require revision, based on use and review during 1995. For example, the timelines for the initial wraparound meeting for Level I and Level II need to be made more flexible than originally indicated. Families are not always prepared to have a meeting until they feel comfortable with the process and the team. An additional revision for Level I will be the need for self-contained teachers to assure that the students are covering the same curricular concepts as their home school whether the books from their home school are utilized or not. This will assist in transitions to the students home school as well as expend the opportunities for small and whole group instruction.

LADSE EBD NETWORK
LEVEL I QUALITY INDICATORS

A. **Academic: Teachers program for academics following the curricular outcomes of the home school utilizing effective group and individual instructional strategies.**

1. Instructional goals are developed with the student on weekly basis, following their home school curriculum with modifications if needed.

2. The teacher prepares daily schedule lesson plans based on information from the home school to maximize academic instruction and to assist other team members in carrying out daily instructional objectives.

3. Level I Teacher organizes small, large group and individual instructional activities that meet each child's academic goals while approximating instructional approaches and expectations of a regular classroom.

B. **Teaming: Integrating teaming in both planning and delivery of services.**

1. A wraparound plan for the entire school day is developed when the Level I placement begins. The team includes home school representatives, Level I staff, parents and other service providers as needed.

2. The wraparound plan is reviewed/revised every five weeks to determine the necessity and direction of Level I placements and to review progress toward expected outcomes.

3. The Network Team Teacher assists Level I teacher in obtaining needed information regarding curriculum unit/goals from the home school on a continuous basis.

4. Identified teacher from home school is a mandatory participant in developing plans and assisting the team teacher in monitoring academic goals and identifying home school behavioral expectations.

5. The EBD Network Team develops a schedule to support and facilitate appropriate planning time for school personnel to ensure goals/strategies per above.

6. The EBD Network Team is available to support the teacher for crisis intervention to assure minimal disruption to the planned instructional day.

7. Potential sites for in-school respite are identified as part of the plan as needed for individual students.

8. Aides, respite workers or mentors are available to support students and teachers to meet the needs identified in a wraparound plan.

9. The EBD Level I team meets on a weekly basis at each site.

C. **Social/Emotional/Behavioral: Desired outcomes for behavior reflect the typical school expectations and consequences.**

1. General classroom expectations are developed and reviewed through classroom meetings on an ongoing basis. This includes issues such as respect personal space, accepting others, developing a positive learning environment, etc.

2. Teacher and student meet daily/weekly to develop the individual student goals.

3. The student's academic and social/emotional goals/progress are reviewed at the end of each day.

4. Students are given the opportunity to make choices, provide input into their plans, and express their feelings using problem solving strategies.

5. The Level I team provides a formalized curriculum on developing and teaching social skills to prepare the students for transition to home school.

6. The Level I team teaches or reteaches individual social skills needs as identified in the wraparound plan.

D. **Classroom Management: Students behavioral needs are addressed in an environment that teaches them to identify and evaluate their behavior and to make effective choices.**

1. The Level I team implements behavior strategies and interventions that allow for flexibility to meet individual student needs. Not all students are automatically following the same behavior system (i.e., point/level system).

2. Management strategies fit into a continuum of least restrictive to most restrictive. Decisions on what strategies to use are based on expected outcome, student response and potential for teaching appropriate behavior.

3. The Level I team communicates with students in a positive reflective manner giving rationales for behavior when appropriate, and by suggesting or modeling replacement behaviors.

4. Network staff proactively plan for crisis situations and utilize strategies and interventions that defuse and reduce challenging behaviors.

E. **Parent Participation: Parents are an integral part of the school-based team.**

1. Wraparound planning meetings are scheduled to accommodate parent needs to assure their participation.

2. Parents are given the opportunity to participate in technical assistance and training opportunities with home school and network staff.

3. The Family Service Facilitator assists families in identifying and communicating their needs through the team process.

F. **Community: Community agencies are accessed to develop comprehensive plans to meet student/family/school needs.**

1. Community services and supports are identified by the team(s) based on current and anticipated needs of student and family.

2. Family Service Facilitator assists school and family teams in communication with medical and other professionals involved in providing services.

3. Network staff develop ongoing working relationships with community agency representatives.

4. The WRAP Coordinating Council provides ongoing contact and networking opportunity between school and agency representatives.

5. Parent relationships with community agency representatives are nurtured, encouraged, developed.

G. **Planning Process: The home school maintains ownership of the wraparound planning process to ensure effective transition.**

1. Initial school-based wraparound planning meetings are held for all students by September 30.

2. Teams meet at least weekly until the wraparound plan is completed across all domains.

3. At each wraparound planning meeting, domains to be covered and participants needed for the next meeting are determined.

4. The team, including home school staff, addresses transition steps at each planning meeting.

5. Crisis plans are addressed at all planning meetings.

H. **Technical Assistance Training: Team members are provided with ongoing technical assistance/training opportunities to insure incorporating implementation of the wraparound approach across all life domains with effective interventions and strategies.**

1. Level I teams assist in designing student' programs that balance academic instruction with acquisition of appropriate behavior.

2. Teams assist in designing and implementing management strategies that range from least intrusive to most intrusive.

3. Team teacher/technical assistant provides technical assistance in multiple level instruction for Level I teacher.

4. Team teacher/technical assistant works with Level I team in developing guidelines for changing students' interventions or intensity of support.

5. Weekly team meetings are held for Level I programs to assess student and program development and strategize potentially challenging situations.

6. Monthly network meetings and quarterly training opportunities are held to share information and resources among all network staff.

7. Development of Technical Assistance sites in member districts assists in building capacity of schools to support students in less restrictive settings.

I. **Evaluation or tracking of student progress.**

1. Level I teachers track academic and behavioral progress per outcomes indicated in wraparound plans.

2. Network staff monitor progress and revise plans and interventions as needed.

3. Network staff use evaluation data to support the implementation of effective strategies in the home school.

4. Child/Family teams monitor progress and request ongoing technical assistance, supports or services when needed.

5. Data for the statewide evaluation project are collected for all Level I students.

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LADSE EBD NETWORK
LEVEL II QUALITY INDICATORS

A. Academics: Teachers make modifications to curriculum with a focus on outcomes. Effective group and individual instructional strategies are applied.

1. Mastery of skills are considered when setting academic expectations for students.
2. The team continually evaluates students' academic needs through daily classwork, formal testing and curriculum based assessments.
3. The team teacher consults with and supports the classroom teacher in developing academic modifications.
4. Homework plans are developed with student and family.
5. Cooperative learning groups are utilized to assure participation.
6. Teachers access technical assistance and professional development opportunities to meet the needs of students.

B. Teaming: Teaming is integrated in both planning and delivery of services.

1. The school team and the parent are contacted and consulted with within the first week after a referral is received.
2. Members of the team are determined with sub-teams identified to address specific life domains.
3. A wraparound plan for the entire school day is developed within three weeks of the referral.
4. The team teacher supports and consults with the teachers, and the family service facilitator supports and consults with the social worker to meet the needs identified through the wraparound plan.
5. The EBD Network team is available to support the teacher in developing and implementing crisis plans to assure minimal disruption to the planned instructional day.
6. Students and teachers are provided with aides and respite workers to meet the needs identified in the wraparound plan.
7. The plan is reviewed/revised at least every 6 weeks.
8. Every plan identifies who will follow through on each strategy.

9. A communication chain is be developed to assure all team members are kept informed of progress towards outcomes.

10. If a student moves to a more restrictive placement, the team members remain the same with additional team members identified from the new placement.

C. **Social/Emotional/Behavioral: Desired outcomes for behavior reflect typical school expectations and consequences.**

1. The behavioral expectations and consequences for a student remain as close to the general population as appropriate per the individual wraparound plan.

2. The Network team implements behavioral strategies and interventions which meet the students identified needs.

3. The team teacher works with the student and teacher to incorporate the strategies into the classroom and monitor progress.

4. The Network team identifies members who work directly with the student to teach or reteach appropriate social skills and review progress toward goals.

5. Students are provided the opportunity to have input into their plans.

6. Community agencies are identified to assist in meeting identified needs.

7. Family Service Facilitators assist families with the coordination of home behavior program.

D. **Parent Participation: Parents are an integral part of the school-based team.**

1. Wraparound planning meetings are scheduled to accommodate parent needs to assure their participation.

2. The Family Service Facilitator assists families in identifying and communicating their needs through the team process.

3. Parents are given the opportunity to participate in technical assistance and training opportunities.

E. **Community: Community agencies are accessed to develop comprehensive plans to meet student/family/school needs.**

1. Parent relationships with community agents are encouraged, nurtured, and developed.

2. Family Service Facilitators assist school and family teams in communicating with medical and other professionals outside the school.

3. Community supports are identified based on current and future needs; the Network team coordinates their participation.

4. Network staff develop ongoing working relationships with community agencies.

5. The LADSE WRAP Coordinating Council continues to provide networking opportunities for school personnel and community agency representatives.

F. **Planning Process: Clear timelines are established to assure continued commitment.**

1. The EBD network staff meets with teachers, social workers, and families to determine students strengths and normalized needs for the student prior to the first meeting.

2. The initial wraparound meeting takes place within 3 weeks of the referral

3. Unless otherwise determined, the initial wraparound meeting addresses the educational domain.

4. A crisis plan is addressed at the initial meeting.

5. The life domains to be addressed at subsequent wraparound meetings are determined at the end of the meeting and team members are identified to address the needs in that domain.

6. The date, time and location of the follow-up wraparound meeting is determined at the end of each meeting.

7. A team member is identified to coordinate each wraparound meeting and follow up on tasks to be completed.

G. **Evaluation and Technical Assistance: Through evaluation, progress is monitored and ongoing technical assistance is provided to maximize student growth and success.**

1. Formal evaluation instruments are completed on all students receiving service through the Level II EBD Network.

2. Reports on academic and behavioral progress are shared by school teams at each meeting.

3. The EBD Network provides technical assistance at a team, school, district or cooperative level to assist in professional growth.

LADSE'S EBD NETWORK
CHALLENGES IDENTIFIED BY CLASSROOM TEACHERS
August, 1996

ROLES:

- Clarification of roles of team members including the role of the classroom teacher, community provides, and Network staff.
- Clarification of supervision of respite workers, aides, mentors, etc.

TEACHER PERSPECTIVE:

- Greater sensitivity to what teachers are really dealing with every day in the classroom.
- Teachers feeling that their frustrations are not fully understood or addressed by the team.
- Team perspective of the strength focus sometimes feels insignificant relative to the larger school context.
- Teachers feeling students are enabled to continue inappropriate behavior.

TIME:

- Planning time for teachers to work with aides, respite workers, wraparound facilitators, families, team, etc.
- The wraparound planning process can be draining on classroom teachers.
- Meetings took too long to get to interventions.

COMMUNICATION:

- Feeling of not being well informed about the whole plan.
- Students having information about plans before some teachers.
- Departmentalized teachers not getting any information.
- Teachers not feeling like full participants in teams addressing multiple life domains.

FOLLOW-UP:

- Ideas or intervention talked about but not implemented because teachers didn't know when or how.
- Need for more follow-up support for implementing interventions.
- People responsible for implementing reward system need to be present and committed.

LADSE'S EBD NETWORK

STRATEGIES FOR ENSURING CLASSROOM TEACHER COMMITMENT AND INVESTMENT IN WRAPAROUND PROCESS

August, 1996

ROLE CLARIFICATION:

- Team teacher's potential role of support to teacher must be clearly communicated. Flexibility and accessibility are critical.
- Classroom teacher defines role of team teacher per the student(s) in his/her classroom.
- Role for aides and respite workers are defined by classroom teacher and team per each student's plan.
- Community provides and LADSE EBD Network staff clearly define roles and develop collaborative strategies.

SENSITIVITY TO TEACHER PERSPECTIVE:

- Team facilitator needs to spend time with the teacher and in the classroom to gain perspective prior to wraparound planning meeting.
- Teachers need to be asked about their needs, perceptions, strengths, feelings prior to a planning meeting. Teachers need to be treated like equal partners.
- Wraparound facilitators need to be aware that the wraparound planning process must be streamlined for teacher involvement. Time is a factor.

INFORMATION AND COMMUNICATION:

- Teachers need specific information shared with them on an ongoing basis to ensure their involvement and commitment.
- Network community agency staff must be available for a substantial period of time for observing, listening and follow-up after meetings.
- Teachers must have training and information about specific interventions before implementation with students.
- A person at the school site is designated as the communication link for the school team.

EFFECTIVENESS AND EFFICIENCY:

- Interventions suggested at planning meetings should not be left to teachers alone to implement. "Art & Science pf Behavior Training" available.
- Follow through support to implement, evaluate and revise when needed.
- Breakdown meetings to ensure teacher participation in developing detailed plans for school days.

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THE STORY OF TONY

A Summary of School-Based Application of Wraparound

Tony was an eighth grader during the 1994-95 school year. His behaviors had escalated during the school year to include lack of classwork and homework, physical aggression and verbal aggression. He began to demonstrate inappropriate behaviors in the community which included police involvement. The school team met to discuss the possibility of moving Tony to a different school in the cooperative which offered a self-contained class for students with emotional and behavioral disabilities. The team determined that it was committed to assist Tony in remaining in his home school and graduating with his class. The team decided to develop a comprehensive wraparound plan to assure success and meet his needs.

Tony is the oldest of two children. He lives in a two parent household. Both parents work and Tony is responsible to care for his younger sister after school. Tony has a goal of becoming a policeman. His parents are invested in Tony but due to their work schedule and difficulty becoming part of the school team which met during the day.

The LADSE EBD Network joined the school team to develop a plan to include Tony in his home school. The blended teams held some of the meetings at the parents home, in the evening, to meet the parents need, to attend and to increase their voice and ownership regarding their sons plan. At least one representative from the school attended the home meetings. The parents were able to attend meetings at the school once they had input into the time and date of the meetings.

Educational: The school and parents developed an assignment/communication notebook which enabled the parents to follow up on homework assignments. The school also provided the parents with a second set of books to keep in the home. The resource teacher assisted Tony during his study hall with work completion.

Behavioral: Tony was placed on a pass system. Tony's strengths are that he knows himself well, has good communication skills and is honest. The pass system allowed Tony to leave the class if he was getting frustrated or angry and go to the resource teacher or the principal. A pass was left on each teachers desk which Tony could take allowing him to leave and not have to disturb the class. In November, Tony's aggressive behavior was escalating. Staff and students expressed a concern about safety. An aide was hired to assist Tony and his parents for his behaviors and crisis management. Permission was obtained from Tony and his parents for the

team teacher and school social worker to meet with the eighth grade class to assist them in understanding Tony's disability and the use of various interventions that were being used.

The family service facilitator assisted the parents in developing a behavior program in the home with regard to homework completion and checking in when out with friends. As the year progressed the family become concerned with the possibility that tony was experimenting with drugs. The family service facilitator assisted the family in locating a DASA community agency which provided drug screening. The family facilitator and principal worked with the local police department to enhance their participation in the school and provider a mentor for Tony. An officer met with Tony to encourage his goal of becoming a police officer and also met with the class to dialogue about substance abuse. Gang involvement and safety issues.

Emotional: Tony has leadership qualities and is popular in school. These strengths were built upon to increase Tony's ability to feel like he fit in at school and to make him feel better about himself. He became an "aide" in a physical education class for younger students. He also assisted in providing crisis intervention for a second grade student who also has an emotional/behavioral disability. This provided Tony the opportunity to practice the skills that he was learning himself as well as feeling that he was trusted and respected by adults.

EXAMPLES OF SERVICES FROM LADSE EBD NETWORK WRAPAROUND PLANS

1995-96

The following is a list of services from school-based wraparound plans for students in the EBD Network during the 1995-96 school year:

STUDENT SERVICES:

- Behavior change programs
- Transition plans for grade changes and high school
- Medication Management
- Secure peer buddies
- After school tutoring/respite
- Home/school homework plans
- Transition plans into regular education
- Direct support for students transitioning into regular education
- Cross grade tutoring
- Social skills class
- Functional skills class
- Contracted with Special Rec. to teach recreational skills in school
- Self-contained EBD classes for short term respite placement
- Community-based educational programs at local libraries and YMCA

SCHOOL SERVICES:

- In-school respite:
  - Mainstream classes
  - Lunchroom
  - PE class
  - Recess
  - Computers
  - Library
  - Art

- Alternative transportation
- Liaison between school and hospital
- Substitutes to assure teacher participation at meetings
- Crisis intervention at school
- Individual observation and behavior programming
- Academic testing
- Behavior intervention study group
- Ongoing problem solving and sounding board for teachers
- Assist in writing goals and behavior interventions in IEP's
- Coverage for after school consequence programs
- Coverage for in-school to prevent out-of-school suspensions

TECHNICAL ASSISTANCE:

- Academic modifications
- Changing roles of school-based staff
- Inclusion strategies for students with EBD
- Clinical consultation
- Behavior programming
- Developing school-based WRAP plans
- Alternatives for unstructured times and transitions
- Providers Forum
- Formal behavior analysis class
- Stress management workshop
- Conner's scale use and norm building
- Presentation to local police on effective interventions with students with EBD
- Circle of friends, maps and pit crews

FAMILY SERVICES:

- Home visits
- Accompany parents and students to court
- Facilitate the completion of needed neurological and psychiatric evaluations
- Facilitate communication between home and school
- Develop proactive behavior plans with families
- Provide transportation to needed appointments
- Secure before and after school child care
- Accompany students and parents to doctor appointments/hospital intakes Referral to LAN/CWI
- Secure and train in-home respite
- Summer/spring break and holiday programming
- Assist in securing scholarships in to "Y" and Special Recreation
- Assist with exploration and completion of applications for funds and grants: SSI, Norman funds, ICG grants
- Tutor parents on the use of computers
- Coordinate out-of-home supports
- Access food pantry
- Sitting services to assure parents participation at meetings
- Assist in transitions to school districts outside the cooperative
- Parent Partnering
- Accompanying family to family therapy

COMMUNITY SERVICES:

- Assist in the development of a library based after school homework program
- Supervise student in community clean up projects
- Liaison with community police
- Coordinating Counsel/ongoing dialogue with community services
- Assist YMCA in developing mentoring
- Cross age tutoring and after school care at the YMCA
- Coordinate after school social activities

LADSE EBD NETWORK
TECHNICAL ASSISTANCE (TA) PLAN

Classroom Based TA

Support implementation of wraparound plans, provide consultation for teachers, and assist with other issues relevant to students and teachers in Level I and II Classrooms

Preventative TA

Provide consultation to school teams for developing and implementing strength based intervention for students at-risk of EBD

District Based TA

Build district capacity, for supporting students with or at-risk of EBD and their teachers through individualize district TA plans

Cooperative-wide TA

Build Cooperative capacity for supporting students with or at-risk of EBD and their teachers through a range of staff development activities

LADSE

LA GRANGE AREA DEPARTMENT OF SPECIAL EDUCATION

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Dr. Howard P. Blackman
Executive Director

II. Curriculum Guide For Applying The Wraparound Approach In Schools

Developed by:

Lucille Eber, Project WRAP Director
and
LADSE EBD Network Participants

LADSE: Supporting education for all children in the school districts of:

53 — Oak Brook
61 — Darien
62 — Gower
94 — Komarek
95 — Brookfield-La Grange Park
96 — Riverside
101 — Western Springs
102 — La Grange (North)
103 — Lyons
105 — La Grange (South)
106 — La Grange (Highlands)
107 — Pleasantdale
181 — Hinsdale
86 — Hinsdale Township High School
204 — Lyons Township High School
208 — Riverside-Brookfield High School

School Based Wraparound Planning

Wraparound planning is an effective process to provide comprehensive support for children with emotional problems across all areas of their life. In developing wraparound plans, individuals are encouraged to develop comprehensive life plans rather than focusing simply on treatment interventions. These plans often provide relief to families experiencing serious difficulties managing their children's behavior. In developing these plans, reliance on traditional social service program definitions is lessened and facilitators are often provided with the opportunity to create a plan in a barrier free environment. An important element of any wraparound plan involves providing parents and children with the opportunity to voice their concerns in a safe environment which is blame free.

Schools play an important role in any wraparound plan. Because schools often provide students with the best opportunity to connect with their larger community, they do provide an opportunity for wraparound facilitators to maximize outcomes for children. Additionally, teachers often are a source of needed information regarding the child's challenges due to the amount of time they spend with the student each day. Often wraparound plans will include a general school plan that may only address where the child goes to school. More in-depth school-based wraparound planning is needed to address the issues of providing maximum support so student participation in the classroom can continue. This includes academic interventions as well as classroom supports for teachers and students.

Wraparound planning in the schools provide teams with the opportunity to develop a detailed, in-depth plan in the school day which will support the other life domain areas of the wraparound plan. Teachers are often confronted with the same student behaviors with which a parent must cope. Therefore, both teachers and parents play an important role in developing effective school-based, wraparound plans. These materials were developed in an effort to address building alliances with teachers so their concerns and expertise can be used on behalf of the student. They do not replace materials for comprehensive wraparound planning and should be used as a supplement to other wraparound planning materials.

WHAT IS WRAPAROUND ?

The wraparound process is based on individualized, needs driven planning and services. **It is not a program or a type of service**. It is a value base and an unconditional commitment to create services on a "one student at a time" basis to support normalized and inclusive options for students with complex needs.

An **individualized plan** is developed by a **Child and Family Team**, consisting of the people who know the student best.
his plan is **needs driven** rather than service driven. Services are not based on a categorical model but on specific needs of the student, family and teacher.

The plan is based on **needs identified by the family**.

The plan is based on **teacher expectations.**

The plan is **strengths based**. Human services have traditionally relied on the deficit model, focusing on pathology. Positive reframing to assets and skills is a key element in all individualized planning.

The plan is focused on **normalization**. Normalized needs are those basic human needs that all persons (of like, age, sex, culture) have.

The team makes a commitment to **unconditional** care. Services and interventions are changed to meet the needs of the student rather than referring them to another setting.

Academic and support services are created to meet the unique needs of the student. Though many plans rely on blending and reshaping categorical services, teams have the capacity to **create individualized supports and activities.**

Services are **based in natural school environments**. Restrictive settings are accessed only for brief periods of stabilization.

Services are **culturally competent**. The composition of the team assures a fit to the person's culture and community.

Planning and services are **comprehensive**, addressing needs in three or more life domain areas. These life domains are: family, living situation, vocational, educational, social/recreational, psychological/emotional, medical, legal and safety/crisis.

The plan is financially supported by **flexible** use of existing categorical resources or through a **flexible funding** mechanism.

Outcome measures are identified and measured often and these outcomes are generated by parent and teacher expectations.

LIFE DOMAIN AREAS TO CONSIDER IN WRAPAROUND PLANNING

RESIDENCE:

Do the current living arrangements meet the family's needs?

FAMILY:

Who is in this family, by their definition? Do all family members have appropriate access to each other? What do the members of the family need to stay together or in touch with each other? Are there serious, unmet needs for any family members that impair family functioning?

SOCIAL:

Do family members have friends and access to their friends? Does this family have the opportunity to socialize with each other? As individuals? Do they have any fun? Do they have any way to relax?

EMOTIONAL/PSYCHOLOGICAL:

Does the referred individual have any unmet needs in these areas? Other family members? Are there unresolved issues that impede normal interactions within the family or in the community?

EDUCATIONAL/VOCATIONAL:

What will it take to ensure a viable education for the children, particularly the identified client? Do older children have access to employment opportunities? For what sort of future are they being prepared? Are their rights intact?

SAFETY:

Is everybody in the family safe? Are there dangers to individual family members? Is anybody potentially dangerous to themselves or to the community?

LEGAL:

Are any family members involved in the judicial system, on probation or parole? Do they have representation? Are there issues around custody?

MEDICAL:

Are health care needs met? Does the family have access to any specialist services they may need?

OTHER POSSIBLE AREAS:

Crisis intervention, Spiritual, Cultural, Financial, Behavioral, or whatever seems to suit the family in question.

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SOME MAJOR ELEMENTS OF SCHOOL BASED WRAPAROUND CARE

- ✓ **Responsive to the needs of the individual student and their family**
- ✓ **Strength/support not deficits/fix orientation**
- ✓ **Flexibly delivered in terms of time, quantity and approach**
- ✓ **Typical of age/culture/environment**
- ✓ **Comprehensive for all domains and entire school day**
- ✓ **Integrates formal school services informal school-based supports**
- ✓ **Unconditional**
- ✓ **Assures that resources are delivered on the basis of need rather than program or setting definitions**
- ✓ **Analyzes school or special education operations on the basis of the single student**

WHAT IS NEEDED TO DO SCHOOL-BASED WRAPAROUND PLANNING

- Identified team facilitator who is trained in the wraparound process and is familiar with the school climate and politics and is able to connect individually with teachers.

- A team that includes family, teacher(s) and other school personnel who may be involved in implementation, mental health or other involved agency representatives, natural support providers.

- Plan that builds on strengths and is focused on normalized needs (what does a typical student who is doing "ok" look like)
- Creativity. Strategies reflect non-categorical approaches for meeting educational needs. Example:

- Training and ongoing technical assistance for school personnel including opportunities for case review and brainstorming

- Team meetings regularly scheduled with needed team members

- Unconditional commitment: if the plan isn't working, change the plan!

- Flexibility in attitudes and how resources are used. Example:

- Monitoring/evaluation: If outcomes are not achieved, change the plan.

- Celebrating successes

- Teacher, student and family access, voice and ownership

STRATEGIES FOR DEVELOPING
EFFECTIVE SCHOOL-BASED WRAPAROUND PLAN

- **Understand the needs of the school and teachers in educating children with EBD.**

- **Treat teachers as we treat families in wraparound planning:**

  - **•ask them what they need**
  - **•build on their strengths**
  - **•validate their perspective**
  - **•brainstorm new strategies with them**
  - **•treat teachers as partners**

- **Recognize there are many unique components to the education domain.**

- **Address all components of the school day in determining strengths, needs, and strategies.**

- **Create an in-depth plan that addresses all components of the school day.**

- **Convert the school teams to using the wraparound process (strength-based, creative use of resources, moving beyond categorical slots)!**

  - **•Strength-based**
  - **•Creative use of resources**
  - **•Moving beyond categorical slots**

Coordination of Wraparound Plans

Multiple Life Domain wraparound plans require coordination to ensure follow-through and communication among team members. Often, a community mental health representative, social service provider or a designated wraparound facilitator providers the coordination. As an in-depth school plan is developed as part of the multiple life domain plan, focused school-based coordination is often needed. A special education teacher, team teacher, inclusion facilitator or school social worker may partner with a community-based wraparound facilitator to coordinate the school plan. These school personnel can also provide overall coordination of a multiple life domain plan when appropriate. The following page provides a comparison of the school social worker role with the wraparound coordination role. This comparison is one example of a traditional role of a service provider versus a wraparound role. Similar comparisons can be drawn with other traditional school or mental health roles.

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Getting Started: Eight Steps for School-Based Individualized Planning Process

Step 1: Prepare and Develop the School Team

Outcomes of this step:

- Students/parents & other stakeholders get listened to and heard
- School-based team members & resource options are identified
- Identifies unique aspects of building culture
- Sets tone for what follows
- Sets expectations of key stakeholders
- Builds alliances between school staff and parents
- Begins to generate a sense of hope across all team members

Step 2: Start Meeting with Strengths

Identify individual strengths with team members

Outcomes of this step:

- Allows student, family and teachers to bring their assets to the process
- Group sees individual as having strengths rather than just problems
- Individual teachers begins to build public investment in outcomes
- Setting a blame free environment
- Begins to build an effective alliance between parent and teacher

Step 3: Academic & Social Goal Setting (Normalization)

Set stage for outcomes & consensus building across all team members

Outcomes of this step:

- Assures that all team members have input into process
- Sets goals/dreams for the group
- Allows key stakeholders to voice concerns within school day
- Strengthens relationship between parent & teacher
- Operationalizes definitions of success across all team members
- Assures cultural legitimacy
- Group learns to talk with jargon free language

Step 4: Needs Identification

Identify needs which are specific to this student

Outcomes of this step:

- Provides student/family with the opportunity to voice their own needs
- Assures teachers input is considered in developing academic options and classroom supports
- Validates culture, background and situational aspects of the student and their family
- Assures a fit between what the student gets and what they need
- Provides direction to the team in terms of service creation and academic adjustments
- Allows team to consider simple solutions

Step 5: Voting/Prioritizing

Identifying most critical things to complete in order to assure success

Outcomes of this step:

- Assures team agreement & builds focus
- Builds sense of accomplishment for team members
- Makes follow-up tasks manageable

Step 6: Action Planning

Tailor interventions which meet this student's needs

Outcomes of the step:

- Assures teacher investment by providing them with the opportunity to create interventions
- Supports parent/student ownership by asking where efforts should be targeted
- Empowers the team to consider service creation
- Assures group buy-in & recognition of the possibilities
- Assures consumer voice by identifying their own needs
- Assures group buy-in & recognition of the possibilities

Step 7: Commitment & Follow-up

Team members identify tasks they'll complete

Outcomes of this step:

- Allow team members to take ownership of specified tasks
- Set expectations for unconditional care
- Build sense of team
- Team identifies how it will function
- Assures consumer ownership

Step 8: Process Evaluation

Team members evaluate process

Outcomes of this step:

- Allows team members to own process
- Allows team members to voice concerns
- Reacquaints team members with values
- Allows facilitator to adjust process to meet individual needs of family & school staff

SCHOOL BASED CHILD & FAMILY TEAMS

Functions: Developing individualized plans which cover academic and social needs; planning for crisis within the classroom and other school areas; implementing plans & implementations; accessing informal and formal supports/resources; monitoring services; inspiring unconditional care; long term support of student long after formal services are gone.

Members: Student, family, teachers, building administrators, school support staff and the 4-8 people who know the student best. This School Based Child and Family Team only includes people who know the academic and social strengths and needs of the student.

Who Determines Who is on the Team: The facilitator works with the student, parents and teachers to see who knows the student best. Other school staff might need to be contacted to insure that any key people based in the school are not overlooked.

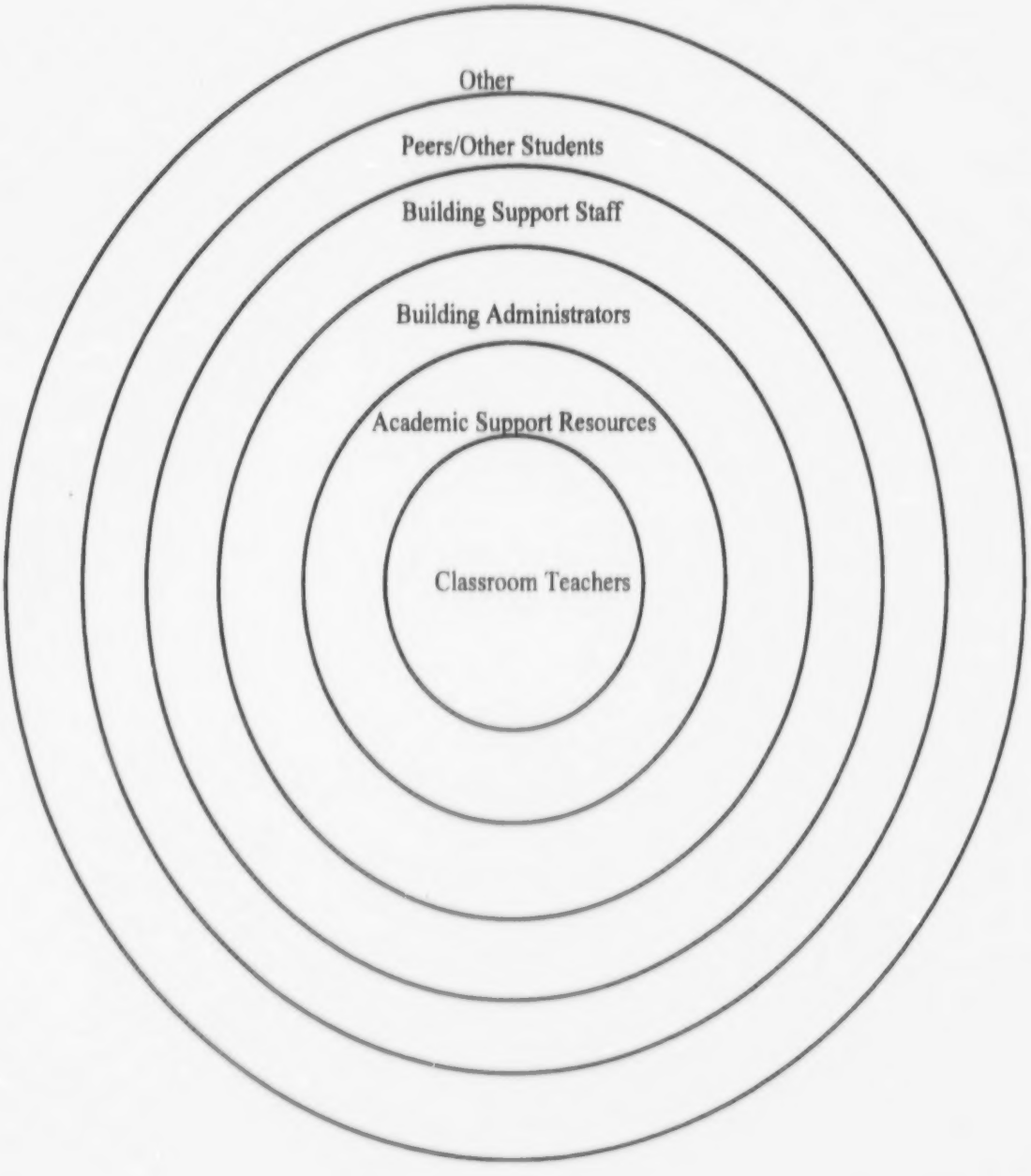
Meeting Places: Where ever it is most comfortable for the team. In focusing on school based interventions, team meetings often happen at the school.

Meeting Time: Set the meeting times at the convenience of the team members who have the most difficult schedules. School based meetings should occur around the teacher's and family's schedule.

Meeting Frequency: At first, the team meets every week. Within four weeks or so, the meetings drop to once a month. Later, the team meets quarterly or as needed.

Identifying School Support People

Building an individualized care team requires ingenuity and creativity on the part of individuals trying to facilitate an individualized plan. Schools provide hidden resources in creating such a team. Support personnel attached to school buildings are often overlooked as potential resources when service plans are developed. Think about a student you have known who was in special need of assistance. Use the support circle below to identify potential support people who could have been called on for support.



STRATEGIES FOR IDENTIFYING KEY PLAYERS IN THE SCHOOL FOR A STUDENT IN NEED OF SUPPORT

- Link to the 4 - 8 people who know the student best
- Ask the student in need of support who is most important to them in their school day
- Check with the parent to find out who the student speaks about at school
- Share ways that key players emerge in your own life to help set the direction
- Incorporate the obvious people within the school that the student may overlook due to proximity
- Explore extracurricular activities as a potential source of support
- Use patience in exploring these issues; people will tell you as they trust you
- Invest time in this process as it is a key to the success of your plan
- Spend time with the teacher in various settings to explore hidden opportunities
- Explore key players through others (administrators, secretaries) with permission
- Recognize that key players may change over time as needs change
- Include key players from various academic areas
- Do not overlook key players who are unpleasant to deal with
- Consider identifying key players tied to each class or activity
- Emphasizing naturally occurring key players builds overall school support of a plan

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Approaching Key Players Exercise

Securing a commitment from school based support resources can be a delicate process. Schools, in particular, are often faced with multiple stresses from the community, other parents, teachers and the entire student body in creating a safe environment in which all students have their educational needs met. Prior to the first meeting of the School Based Child and Family Team, a person facilitating a wraparound plan should meet often and work with school personnel to solicit their support and commitment to participate on the team. A critical step in soliciting this support involves identifying rationales for potential school participants. In order to be effective, rationales should identify how participation will produce direct benefits to the person whose support is needed. Using the table below, identify rationales you would use in soliciting individuals commitment to participate on a school-based Child and Family Team.

Individual	Rationales
Building Administrator	
Regular Education Teacher	
Special Subject Teacher(s)	
Other (Please List)	

STRENGTHS ASSESSMENT

PURPOSE: To learn the good news about students; to get a truly balanced picture of people; to identify the assets already available in the school which can be deployed on behalf of the student; to discover what might appeal to teachers and families in need of support; to explore the student's dreams for the future.

RATIONALE: It is student and family strengths that pull them through life's crisis moments, not their pathology and diagnoses. New types of supports for students within their schools are apt to be most successful if they build on existing strengths of the student, family, teacher and individual building.

PROCESS: Family and student strengths should be gathered in a conversational manner with the student and/or family. In school based wraparound plans, teachers and other key school stakeholders should be given an opportunity to identify strengths at the first possible contact. Generating a strength list can take several meetings, in a variety of locations with both family and school stakeholders. The task is to give people an opportunity to know the whole student, not to attribute etiology or get a service history. If an intervention history is needed, it can be gathered at another time. Typically, when people begin the wraparound process, lots of information is already available and documented, although there is usually not much about the strengths of the student.

METHOD: In terms of working with the family and use a conversational style. Begin a dialogue sharing common sorts of information back and forth. Feel free to model information sharing by telling them about some of your own traits or preferences. If the person has been inadvertently "trained" to respond to members of the professional community with a social history, bring the conversations back to strengths by asking questions. In working with schools, try to patiently generate a list of strength traits through contact with teachers over time. Both teachers and parent are often too frustrated with the student to identify strengths so the facilitator must use patience and listen for hidden strengths.

DOCUMENTATION: The documentation from a strength assessment involves a list of traits which will be used to start the first meeting. In developing this list, it is important to make sure that both parents and teachers know what is on the list before the first meeting. Parents and teachers who see this strength approach in a meeting, may often feel that their concerns were not heard if they have not had a chance to get used to this list of strengths.

NECESSARY SKILLS: As the process of building a strength based assessment occurs, the person completing the assessment must have special skills. The first of these includes reframing or viewing the student as an individual strengths, talents and capacities rather then labels which have previously been applied. Secondly, a great deal of patience is required as many of the people who are contacted for this process may have a very long history of system involvement. This often results in mistrust. Finally, the ability to begin to build alliances between the teacher and parent is necessary to support.

SAMPLE QUESTIONS FOR SCHOOL STRENGTH ASSESSMENT
TO BE ASKED OF TEACHERS ABOUT THEIR SCHOOLS

What are the best aspects of this school for the entire student body?

What are the ways you and other teachers have partnered with parents in the past? What did you find most successful?

What are the best things about your classroom?

What do you do for fun in your classroom?

What are the three most important behavioral expectations you have for students who enter your class?

What are the three most important academic expectations for students who enter your class?

What types of students with special needs do you feel this school is most successful with?

Which students do you consider yourself most successful with?

What one thing do you do with your class every week that you enjoy?

How do you picture this school five years from now?

If you could have one academic need met for your classroom this year, what would it be?

SAMPLE QUESTIONS FOR SCHOOL BASED STRENGTH ASSESSMENT
QUESTIONS TO ASK TEACHERS ABOUT STUDENTS

What is this student's favorite class?

Who does the student admire most in the school? Peers? Staff?

What type of activities does this student do for fun?

What was the best day you can remember this student having in the past week? month? longer?

What kind of future do see for this student if (s)he gets the right kind of supports?

What if you could create any type of support for this student? What types of things would make him/her most successful academically?

How do you remember this student on the first day of school?

What is your classroom like? How does it compare with your previous classes?

What one thing do you do with this student every week or two that you enjoy?

What types of help would you find most useful in improving outcomes for this student.

If you could have one goal met for this student within the next year what would it be?

Strengths Assessment Exercise

Think about a school you plan to work with using the wraparound approach. Identify key stakeholders within that school. Generate several strengths about each of the key stakeholders within that school using the table below.

Support System Member	Strengths

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TEACHER PARENT ALLIANCE BUILDING

A key role for school based wraparound facilitators involves building effective alliances between the teacher and parent. If these alliances are successfully built, the student stands a better chance of achieving academic success in the most normative way possible. Building these alliances can often be difficult as there may a lengthy history of blame on both sides by the time a wraparound plan is developed. What is often effective is recognizing that teachers and parents often have similar needs and goals for the students. A child who acts out at home often may exhibit the same behavior in the classroom. Difficulties the teacher may experience in class with having the student do their work is often replicated around the kitchen table when parents try to work with their children on homework issues. Using the table on the following page, think about behaviors a child you have worked with might exhibit. As you do this generate needs statements which describe the parents needs in the second column. In the third column, generate needs which the teacher might have regarding the behavior. Pay attention to the similarities and differences between each need.

NEEDS SIMILARITY WORKSHEET

Common Behavior Needs	Parent Potential Needs	Teacher Potential Needs
Needs to Pay Attention		
Needs to Comply with Task Requests		
Other (Please List)		

NEEDS SIMILARITY WORKSHEET

Common Academic Needs	Parent Potential Needs	Teacher Potential Needs
Turn in homework		
Complete tests		
Other (Please List)		

DEVELOPING ACADEMIC AND CLASSROOM BASED PLANS

A major issue with many wraparound planning efforts involves the intersection of the community or social service providers and the classroom. When the wraparound process is used with a student, the child is often in or on the way to a highly restrictive setting. As a result, issues of control and compliance have often come into play in developing a plan within the educational domain. A common error of many Child and Family Teams is to stop in-depth planning when access to the neighborhood school is gained. As a result, teachers often feel that they are left all day with students with challenging behaviors with very little support. Access to the local school should not be seen as a goal for Child and Family Teams rather than a means to achieving improved outcomes for students. In a school setting, these outcomes need to include improved academic performance as well as behavioral functioning.

Developing a school based support plan as part of an overall wraparound plan is often complex due to language and system barriers between schools and other team members. Developing an in-depth plan requires creating an environment in which the teacher feels comfortable voicing classroom based concerns (academic and behavioral) and members of the team are able to understand those concerns. At the point that a plan is developed, all preliminary work with key stakeholders should be completed. Teachers should be aware of what will happen next and have had a chance to voice their concerns to the facilitator. Additionally, teachers should have been given the opportunity to add to the strengths assessment of the student as well as given an opportunity to commit to the process.

A common error involves treating the teacher as a person in need of services you can provide rather than facilitating a process in which the teacher can voice their needs and identify options that may be effective with the student. On the following pages, a sample planning process is described in which classroom based issues can be articulated. It should be used as a simple guide rather than a template applied to all school meetings. Each planning process for a student should be tailored to the individual issues and strengths of the student, classroom and school building.

COMPONENTS OF THE EDUCATION DOMAIN:

- •Reading
- •Math
- •Computers
- •Science
- •Social Studies
- •Art
- •Music
- •Other Subjects
- •Lunch
- •PE
- •Locker Room (Showers)
- •Bathroom
- •Study Halls
- •Hallways
- •Recess/Playground
- •Bus
- •Transitions
- •Field Trips
- •Extracurricular activities
- •Attendance
- •Social Skills

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FEATURE OF EFFECTIVE CRISIS PLANS

- **Effective crisis plans anticipate crises based on past knowledge. The best predictor of future behavior is past behavior.**
- **Great crisis plans assume the "worst case" scenario and plan accordingly.**
- **As you build a crisis plan always research past crises for antecedent, precipitant, and consequent behaviors.**
- **Effective plans incorporate child and family outcomes as benchmarks or measures of when the crisis is over.**
- **Good crisis plans acknowledge and build on the fact that crisis is a process with a beginning, a middle, and an end rather than just a simple event.**
- **Crisis plans change over time based on what is known to be effective.**
- **Clearly negotiated crisis plans, with clear behavioral benchmarks, help teams function in difficult times.**
- **Behavioral benchmarks, (# runs, #stitches in a cut, etc.) need to change over time to reflect progress and changing capacities and expectations of the youth and family.**

TIPS FOR BUILDING EFFECTIVE CRISIS PLANS

- Always build that "triage" for differing levels of intensity and severity of crisis events. (Small crises do not require the same response as big crises).
- Build crisis plans early in life of the team so they are in place when crisis occurs.
- Be sure to ask the child and family what can go wrong with the whole plan as the first step in building the crisis plan. They know best what can go wrong.
- Build crisis for 24 hour response. Crisis seldom occurs when it is convenient.
- Clearly define roles for team members, Plan them up front and it will help the team keep to the mission of the overall plan during a crisis.
- Build roles for family members and natural support people as they are likely to be most responsive during a crisis.
- Create time for the team to assess their management of a crisis within two weeks of the crisis.
- Establish a rule that no major decisions can be made until at least 72 hours after the crisis has passed. This can keep a team from overreacting to an event.

THE PLANNING MEETING
APPLYING THE PROCESS TO SCHOOL-BASED SETTINGS

I. **Introductions & Agenda Setting**

A. Clarify purpose structure and time frames for meeting

B. Allow key players to introduce themselves and their role with student

C. Set the stage for improved outcomes for the student

1. Refer back to previous conversations with teacher, parent, administrators and other stakeholders

II. **Strengths Presentation**

A. Presents student strength descriptions

1. Prepared list is done before meeting based on pre-meeting conversations with team members.

2. Check with team members to assure accuracy.

3. Check for opportunities to communicate strengths which were generated by teacher. This can provide an opportunity for the teacher and parent to build an alliance.

4. Provide team members with opportunity to add to list.

B. Presents school/classroom strength descriptions

III. Goal Setting & Needs Identification

A. Academic Expectations

1. Ask team to identify & list typical academic expectations of most students in the classroom.

2. Identify areas in which this student needs help meeting those typical expectations.

3. Allow teacher and parent to voice expectations and needs of this student.

B. Social/Behavioral Expectations

1. Ask team to identify & list typical social/behavioral expectations of most students in the classroom.

2. Identify areas in which this student needs help meeting those typical expectations.

3. Allow teacher and parent to voice expectations and needs of this student.

IV. Prioritizing Needs

A. Provide teachers and parents with the opportunity to identify up to 4 needs from each category as most important to work on first

1. Move prioritized needs to separate list

2. Highlight the common areas prioritized by parent and teacher. This can provide another opportunity for alliance building.

B. Check with other team members to assure that other needs from original list don't need to be added to prioritized list.

V. Action Planning

A. Develop comprehensive strategies which will meet prioritized needs

1. Ask team members to be as specific as possible

2. Identify areas in which adults can do specific support actions

3. Check with teacher and parent throughout the process to verify whether they think specific actions would be helpful

B. Ask team to consider most creative opportunities possible.

VI. Team Member Commitments

A. Ask team members to commit to specific tasks

1. Facilitator wait until team members have made commitments to commit to anything. This allows teams to become self managing rather than waiting for an "outside expert".

2. Check with team prior to facilitator committing to tasks to assure that specific tasks have not been overlooked.

B. Check with team especially parent and teacher to identify whether doing these interventions will produce improved outcomes

1. Ask team to rate percentage improvement they will see in the student if the adults complete the identified actions.

2. Ask team to identify two outcome statements (behavioral & academic) which can be used to evaluate efforts. Record statements.

VII. Identify follow-up Communication

A. Identify interteam communication plan prior to next full team meeting

1. Look for opportunities for parent and teacher to have independent contact with each other.

2. Exchange phone numbers of all team members.

B. Set expectation for facilitator to have ongoing phone contact

1. Have facilitator set up a schedule to contact each team member to identify student progress on a regular schedule.

2. Facilitator commits to share this information at next team full team meeting.

VIII. Process Evaluation, Closure & Next Meeting

A. Check with team to assure this has been helpful

1. Solicit suggestions for improvement of meeting

2. Identify whether any team members are ready to chair next meeting

B. Schedule next full team meeting

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TIPS FOR RUNNING
A SCHOOL-BASED PLANNING MEETING

- Check for opportunities to build alliances and communication between the parent and teacher. Often if communication can occur between these two players the student's performance will naturally improve.

- Cover academic as well as behavioral concerns. This allows the teacher to be seen as an expert who can bring knowledge and resources to the table.

- Draw outcome statements and goals from the concerns of school and family stakeholders.

- Avoid allowing the facilitator to become the primary provider. The key to successful plans involves having those people already involved with the students being supported to try simple interventions.

- Consider concerns of the building administrator in developing a plan. Administrator concerns may be most helpful in setting reasonable outcomes for the student.

- Keep the meeting positive and action oriented. If significant administrative or treatment concerns do come up, refer them to another setting.

- Avoid over programming in any area. Often the simplest solutions are most effective.

Sample Case for Training

Kevin is a 12 year old 5th grader. Kevin was identified as needing special education when he was 3 years old. Kevin has been labeled with severe Emotional/Behavioral Disabilities (EBD), Severe Learning Disabilities (LD), and Speech and Language Disabilities. He receives services from the Resource Teacher, Speech and Language Therapist and Social Worker. Kevin accepts the assistance he receives in school through pull out services. He appears to enjoy the adult one to one attention.

Kevin has demonstrated behaviors in class, home, and in his community that place himself and others at danger. He has demonstrated delinquent behaviors which include shoplifting and vandalism. He does not conform to the rules set by his mother regarding curfew. He has not acquired the skills to tell time. He often goes into the neighborhood forest preserves by himself to go fishing or to look for animals and insects. He gets around the neighborhood on his bike or with roller blades. Kevin frequently became verbally and physically aggressive with his peers. This is often a reaction to him being teased about the clothes he wears and his personnel hygiene. Other times Kevin isolates himself and he has been seen on a number of occasions crying in class. Kevin does not ask for help with directions or assignments hen in the large class.

Kevin has learning disabilities in the area of reading and written language. His decoding and comprehension skills are at the second grade level. He cannot write a complete sentence. His spelling is at the second grade level and he has not mastered cursive writing. He has difficulties with articulation as well as pragmatic language. Kevin enjoys Math and his skills are close to grade level. He has a good singing voice and enjoys music class. He has the skills to participate fully in P.E. class but has difficulty in turn taking and waiting.

Kevin is the youngest of three children living with a single mother. Mrs. X is a receptionist who works full time. An older brother attends the local high school and receives special education classes for Emotional/Behavioral Disorder. Kevin looks up to his brother and wants to be like him. The mother suspects the use of drugs and alcohol by Kevin's brother. His sister is a freshman in regular education classes. She is responsible for caring for Kevin until Mother comes home from work. The maternal grandfather is in the area but not close enough for Kevin to ride his bike or walk to his home. The grandfather does not drive.

Kevin, his older brother and mother are all on daily prescription medication. This proves to be a hardship for the mother in that the cost of the prescriptions and doctors visits to monitor the medication equals more than half her salary.

Kevin mother has come to the team looking for assistance in meeting Kevins needs. She has attempted to access resources in the neighborhood, yet, describes the paperwork is overwhelming and her finances are limited. She reports that Kevin is starting to resist coming to school. He feels that he does not "fit in" with the other students. As Kevins behavior has escalated his sister is finding it more difficult and overwhelming to care for him after school.

CHILD/FAMILY/SCHOOL TEAM PLANNING

Meeting Date: _____
Next Review: _____
Date and Time: _____

Student: _____ **Domain to be addressed:** _____
School contact person/Current placement contact person: _____
Home contact person: _____

Desired Outcome	Strength	Need	Strategy By Whom/When

WRAPAROUND CONFIDENTIALITY AND ATTENDANCE FORM

Date:_____

I agree to honor the rights of privacy of any persons discussed in the Wraparound meeting. I agree not to divulge any information regarding any family, person or agency which may be referred to in the course of the meeting.

NAME - PLEASE PRINT	SCHOOL/AGENCY

CRISIS PLAN

FOLLOW-UP COMMENTS

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LADSE

LA GRANGE AREA DEPARTMENT OF SPECIAL EDUCATION

1301 W. Cossitt Ave. ▪ La Grange, IL 60525 ▪ (708) 354-5730 ▪ FAX: (708) 354-0733

Dr. Howard P. Blackman
Executive Director

III. EVALUATION

LADSE: Supporting education for all children in the school districts of:

53 — Oak Brook
61 — Darien
62 — Gower
94 — Komarek
95 — Brookfield-La Grange Park
96 — Riverside
101 — Western Springs
102 — La Grange (North)
103 — Lyons
105 — La Grange (South)
106 — La Grange (Highlands)
107 — Pleasantdale
181 — Hinsdale
86 — Hinsdale Township High School
204 — Lyons Township High School
208 — Riverside-Brookfield High School

End of Year Summary for 1994-95

Evaluation of
Illinois State Board of Education
Emotional and Behavioral Disabilities Initiatives
September, 1995

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This report was funded through a grant from the Illinois State Board of Education to the LaGrange Area Department of Special Education (LADSE) to provide evaluation and technical assistance for state funded Emotional and Behavioral Disabilities (EBD) Initiatives.

OVERVIEW

During the past decade, fields of education, mental health and child welfare have been restructuring services for youth with emotional and behavioral disabilities (EBD). Educators are particularly focused on issues related to rates of restrictive educational settings, poor academic performance and drop-out rates for these youth (Kauffman, Lloyd, Hallahan, & Astuto, 1995). There is evidence to support that effective service options for youth with EBD have been demonstrated when:

- supports are designed to meet individual needs for children and families,
- parents are included as part of the decision making process, and
- efforts are coordinated across and among community agencies (Knitzer, 1993).

As a result, interagency approaches, the provision of individualized services, and the redirection of categorical funding is growing both in policy and practice. For the past five years, the Illinois State Board of Education (ISBE) responded by taking a leadership role in promoting system changes to improve outcomes for students with or at-risk of EBD. In November 1989, a task force was convened, to address the shortfall of special education funds available to reimburse room-and-board costs for students placed in residential settings. The goal was to develop successful community-based service models students with EBD. The task force recommended community-based programs as an alternative to more costly long-term residential placements.

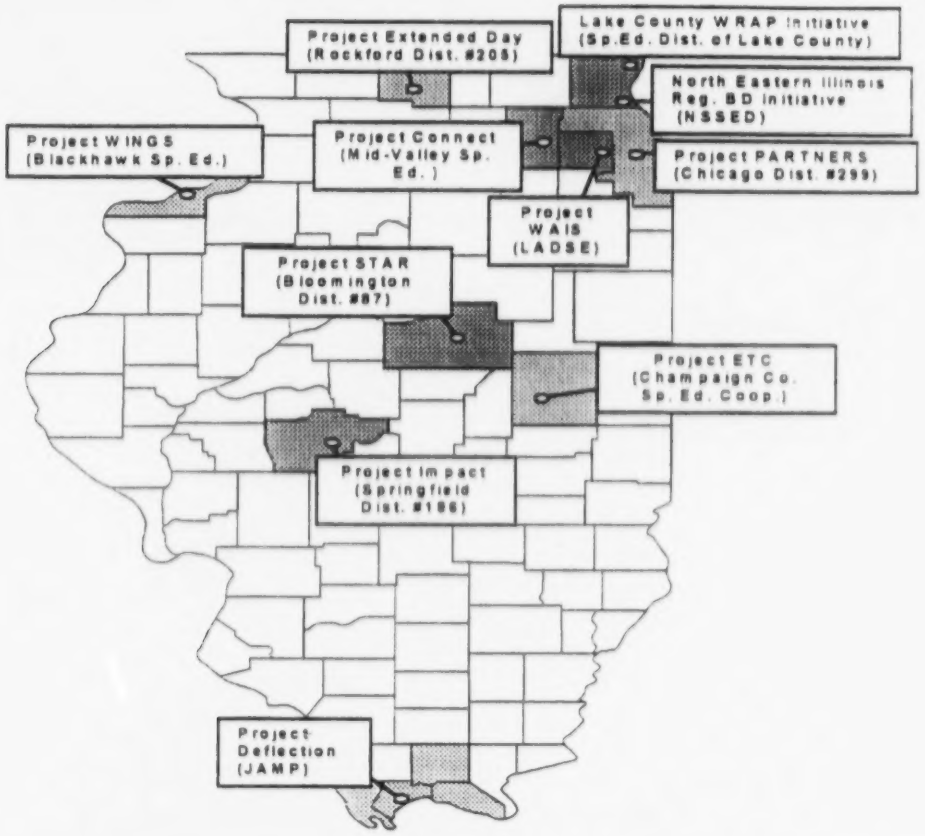
To this end, ISBE has sponsored the EBD Partnership Initiatives which began in the 1990-91 school year. Six Phase I sites were funded during 1991-1994:

- Project ETC (Champaign),
- Northeastern Illinois Regional BD Initiative (Highland Park),
- Project WINGS (East Moline),
- Project PARTNERS (Chicago),
- Project Deflection (Olmsted), and
- Extended Day Treatment (Rockford).

The following five Phase II sites began their funding in the fall of 1993 and will continue through the 1995-96 school year:

- Project STAR (Bloomington),
- Project IMPACT (Springfield),
- Lake County Initiative (Waukegan),
- Project WAIS (La Grange), and
- Project CONNECT (St. Charles).

The sites were selected through a Request for Proposal process but also reflect a diversity with respect to the demographic characteristics of the state (i.e., rural, urban, metropolitan). The following map illustrates where the sites are located throughout the state of Illinois.


Project Extended Day (Rockford Dist. #205)
Lake County WRAP Initiative (Sp.Ed. Dist. of Lake County)
North Eastern Illinois Reg. BD Initiative (NSSED)
Project WINGS (Blackhawk Sp. Ed.)
Project Connect (Mid-Valley Sp. Ed.)
Project PARTNERS (Chicago Dist. #299)
Project WAIS (LADSE)
Project STAR (Bloomington Dist. #87)
Project ETC (Champaign Co. Sp. Ed. Coop.)
Project Impact (Springfield Dist. #186)
Project Deflection (JAMP)

Technical assistance (TA) and evaluation for the sites has been coordinated through the LaGrange Area Department of Special Education (LADSE) since June, 1993. Together, eleven sites have worked towards changes in the system of care for students with EBD and their families. These initiatives are assisting schools and communities in meeting the individual needs of students and families by developing and coordinating supports and services that are community-based, thus reducing the need for more restrictive settings.

The purpose of TA and evaluation is to provide sites with support and strategies to implement initiative goals, provide feedback on the impacts on students and families, and strengthen the capacity of local schools and communities by merging initiative resources with existing service structures. Additionally, the EBD Partnership Initiatives have facilitated the development of an expanded statewide Technical Assistance Network designed to support changes in the service delivery system for students with EBD and their families across Illinois.

The primary purpose of the evaluation has been to examine the impacts of the EBD Partnership Initiatives at the individual and system level in order to guide integration of initiative efforts across the larger system throughout Illinois. Evaluation efforts have examined:

- the type of supports provided or organized by the sites for students and families.
- the reduction of out-of-home care and restrictive educational placements.
- improvement in educational and emotional outcomes for students,
- the extent to which services and supports are family-centered and family-driven,
- the technical assistance activities and how they have helped shape and support the development of a more comprehensive system of care.

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Technical assistance has focused its efforts on supporting sites in implementing a system based on the wraparound approach and integrating efforts through the larger school and community system. Following the three-year funding cycle for Phase I ending August, 1994, four technical assistance sites were established to continue the impact of the initiative experience into the Phase I sites as well as in other school districts and communities across the state. These TA sites were located in the North, Central and Southern regions of the state as well as in the city of Chicago. The TA sites provided support to Phase II sites while also linking with mental health and social service providers in the region to assist in the implementation of the Local Area Networks (LANs) across the state.

ISBE TA efforts through the EBD Projects expanded during 1994-95 to include other educators interested in working with their LANs and restructuring school-based services based on wrap-around approaches. Representatives from school districts across the state have joined EBD Initiative meetings throughout the 1994-95 school year to receive training, technical assistance and to develop plans to better meet the needs of schools, families and communities in achieving better outcomes for students with or at-risk of EBD.

SELECTED FINDINGS

The evaluation of the EBD Partnership Initiative is a continuous effort to examine service delivery characteristics and outcomes. It is important to note that the data presented here represent only a small sample of students served by Phase II sites during services through the initiative over the course of the past four school years. The results of these data also represent a sub-sample of the entire target population that was served since 1991. Consequently, the findings should be viewed with some limitations in mind. The experience of the initiative provides valuable information in understanding the potential impact of systems change activities in these communities. It also supports recommendations for greater outreach to students at risk of EBD and students and families who are undeserved.

Analyses prepared for this report focus on the students and families who received services through the Phase II sites from 1993 through 1995. During these two years, data have been collected on 157 students who have been receiving supports and services. Some students in the sample have been enrolled for a two-year period while others have entered as recently as May 1995. Analyses describing the background characteristics were conducted on the total sample of students. Analyses which involve an examination of change over time were conducted for students who were referred during the first year of Phase II funding (i.e., students who received at least eight months of services).

The Technical Assistance and Evaluation component has been examining the impacts of the EBD Partnership Initiatives in three broad areas: student outcomes, family outcomes and system outcomes.

Student outcomes consist of:

- emotional and behavioral functioning,
- academic indicators,
- educational placements,
- living arrangements, and
- the youths' perception of supports and services and their satisfaction

Family outcomes consist of:

- family functioning,
- receipt of services, and
- the families' perception of supports and services and their satisfaction.

System outcomes consist of:

- the impacts of the EBD Partnership Initiatives and technical assistance on the local schools, community organizations, and the system of care for students with EBD.

Phase II students, for whom data were collected, were predominantly male (83.3%) and white (82%). The average age of students was fourteen. Approximately half (47%) of the students lived with two parents, and 42% of the students live in a single parent household. The majority of students had an emotional or behavioral disability (91%) reported as their primary handicapping condition. One half of the students were taking medication to control their behavior at the time of referral for services.

With respect to background characteristics of students, two important findings were noted in assessing the target population.

- Over 90 percent of the students had an identified emotional or behavioral disability with the majority having multiple risk factors at the family and individual level.

- Preventing a first time residential placement was the most frequently reported reason for referral.

Student Outcomes

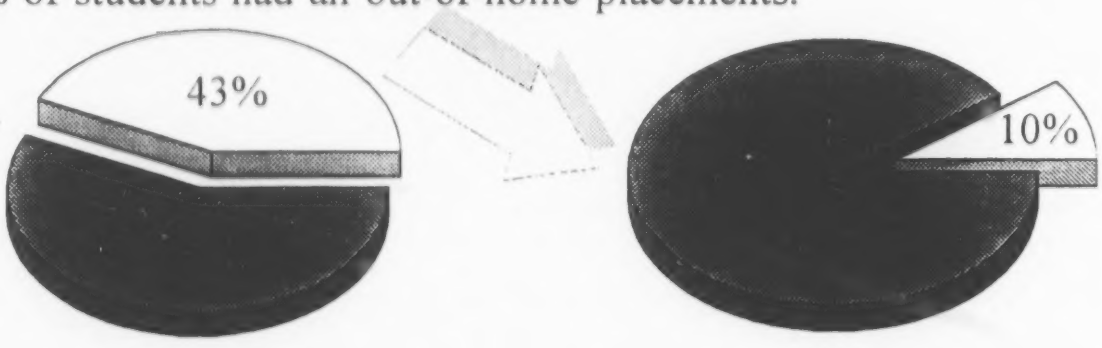
Students who were referred for services through a wraparound approach:

- experienced a significant stabilization of their living environments,
- had fewer out-of-home placements,
- spent more days living in the home of their parents,
- had a significant reduction in the use of psychiatric hospitalizations, and
- improved on emotional and behavioral functioning. Specifically, they improved in social problems, thought problems, attention problems, aggressive behavior.

Out-of-home Placements

The following pie charts illustrates the decrease in the number of students who experienced an out-of-home placement from Time 1 to Time 2. Over time, this can represent a financial savings in terms of costly psychiatric hospitalizations and residential school placements, as well as, an emotional savings to the student and family who are spared the disruptions of out-of-home care.

The percentage of students with a history of out-of-home placements was 43% at the time of referral. One year after services began only 10% of students had an out-of-home placements.



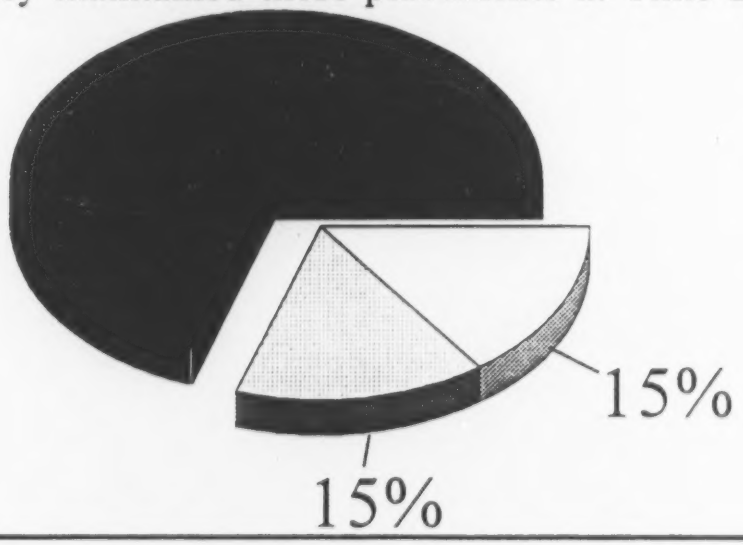
history of placement at time of referral

one year later

Educational Placements

The pie chart below illustrates that the majority of students (70%) maintained their educational placement at Time 2 and ***were prevented*** from moving to more restrictive educational settings. This is a critical finding, in light of the fact that preventing a first time residential placement was the most frequently reported reason for referral.

Seventy percent of the students maintained less restrictive educational settings at Time 1 (i.e., regular education, and self-contained special education) and they maintained these placements at Time 2.



The pie chart also shows that:

- Fifteen percent of the students who were placed in the most restrictive educational settings (i.e., psychiatric hospitals, homebound tutoring, residential care, and day school placements) at Time 1 moved to less restrictive settings (i.e., regular education, special education classes, and day school placements) by Time 2.

- Fifteen percent of students who were placed in regular education, special education, and day schools at Time 1 moved to relatively more restrictive settings (i.e., special education classes and day school) by Time 2.

Survey data from the classroom teachers also provided information that was useful in assessing student outcomes. These findings also suggest ways in which teachers and students need to be supported during the school day.

Teacher Reported Outcomes

Teachers reported that the majority of students receiving services through the Initiative had good attendance.

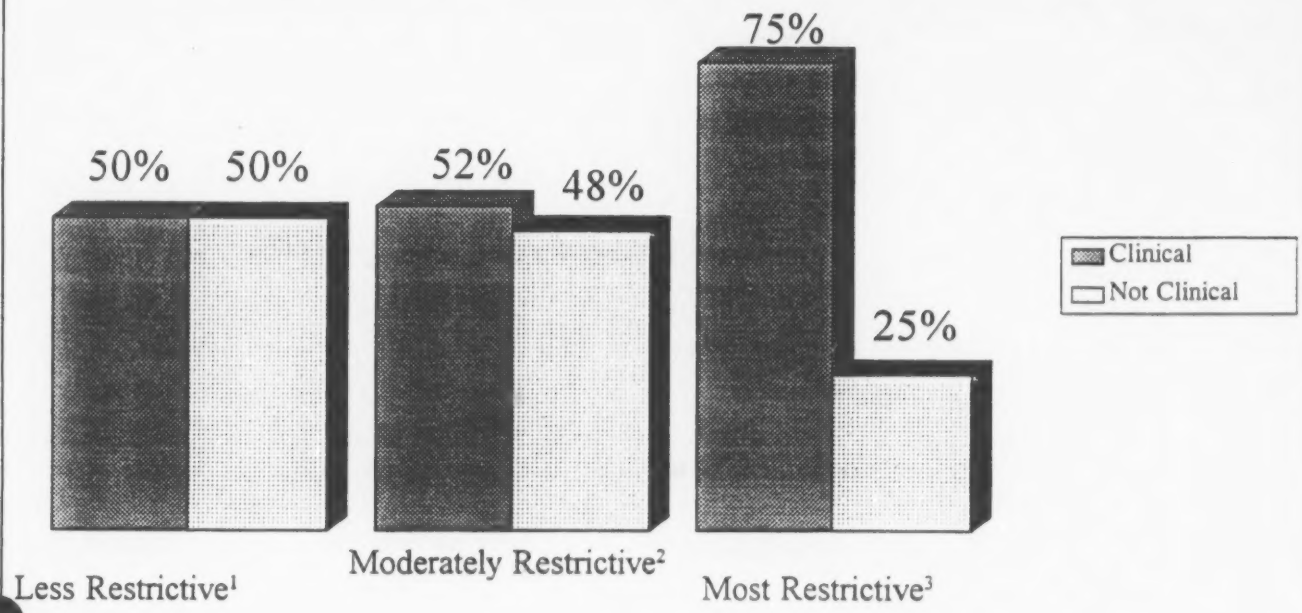
- At time 2, teachers reported that the majority of the students receiving services through the Initiative were working to their ability level in the classroom.
- Comparisons of overall classroom performance rated by teachers at Time 1 to teachers ratings of grade performance at Time 2, indicated significant improvements in classroom performance.

Emotional/Behavioral Functioning and Restrictiveness of Educational Placement

The bar chart below illustrates the percentage of students by level of educational restrictiveness and clinical involvement at time of referral. This chart indicates that:

- Students' levels of emotional functioning did not predict the restrictiveness of educational placements
- Students in the most restrictive settings may not be the most clinically involved students
- Students with severe levels of disability were found in a variety of educational settings.
- Students who scored within the clinical ranges of the Child and Behavior Checklist were identified across the continuum of educational settings

Students with severe clinical functioning are found across all educational settings. Consequently, services that support students with EBD need to be positioned across the continuum



1. Less restrictive settings include placements where regular education was included in the students' placement for all or more than 50% of the day.
2. Moderately restrictive settings include those settings where the student would have less than 50% of the day in an inclusion environment (e.g., self contained classroom).
3. Most restrictive settings include those settings beyond the regular public school (e.g. day treatment schools, psychiatric hospitalizations, etc.).

Upon examination of how educational placements changed with respect to the student's level of emotional and behavioral functioning, the results indicate that:

- Educational placement changes occurred irrespective of the student's level of emotional and behavioral functioning. Students with severe emotional and behavioral disabilities moved to less restrictive settings as often as students identified with EBD who did not score in the clinical range on the Child Behavior Checklist.

An examination of days absent found:

- Students who were educated in the most restrictive settings, such as day school placements, had significantly poorer attendance than students who were educated in less restrictive settings.

Student Perceptions

In order to gain an understanding of how the initiatives affected the lives of students, field interviews were conducted. The findings from these interviews were:

- Students reported that they felt included in the development of their wraparound plans.
- Students reported a great degree of satisfaction with services, especially respite care.
- Students reported that they were uncertain about the continuation of services through special education and the Initiative.

An examination of **family outcomes** found that:

- Families reported high needs on concerns about their child's future, family stress and getting information and services.
- Overall, there was a significant increase in the total number of family supports and services. Supports and services such as counseling, transportation, recreational activities and parent groups are examples of the most frequently listed new services.
- Families made better use of available community services as staff from the initiatives were able to help families access a greater number of supports. Moreover, the wraparound process was instrumental in developing informal supports, such as parent-to-parent partners, mentors for the students and buddy programs.
- Receipt of services was related to family need, out-of-home placement histories, and students' level of disability. This suggests that initiative staff were targeting services to students and families with respect to level of risk and individual needs.
- Family Support improved over time as reported by the Child and Adolescent Functional Assessment Scales. Families reported improved and strengthened ability to provide nurturing and safe care for their child.
- Family satisfaction was associated with how parents felt they were treated by staff and their inclusion in the decision making process.
- Families reported that timeliness of services and follow-up by staff were indicators of how responsive the initiatives were in meetings their needs.

An examination of **system outcomes** found that:

- Forums were developed (parent group meetings/parent support groups) where parents can exchange information and gain self advocacy skills.
- Initiative sites merged positions with special education districts and community agencies to continue to facilitate the wraparound approach beyond the funding of the site.
- Project interagency councils merged with and provided leadership for the Local Area Networks (LANs), expediting use of flex funds and wraparound implementation.
- School districts beyond project sites participated in a) local wraparound initiative and LANs, b) restructuring to expand school-based options, c) development of Technical Assistance network.

DISCUSSION AND IMPLICATIONS FOR THE FUTURE

The results from the evaluation of the ISBE EBD Initiatives are promising. The impact of the EBD initiatives occurred at the student, family, and system levels. The knowledge of these outcomes, when coupled with systematic technical assistance at the local, state, and national levels, suggest strategies for changing and improving the system of care for these students. The evaluation results, while based on a relatively small sample of 157 students from the Phase II Initiative sites, provides information that can be used to guide these planning efforts with a greater likelihood of producing outcome-based changes.

This evaluation has its limitations, and the results of this evaluation should be noted in light of these limitations. First, the extent to which these results can be generalized to the larger population is unknown. For example, this sample of students is somewhat homogeneous with respect to race, age, and sex. They vary with respect to levels of disability, out-of-home placements, educational placements, geography, and family incomes. The extent to which the sample of students served by the initiative differs from the population of students with EBD is unknown because of the lack of random assignment. A selection bias may also limit the ability to generalize these results. Second, the inability to make comparisons between Initiative participants and a control group, does not allow one to test the effects of maturation and true program effects. With these limitations in mind, the evaluation demonstrated that the initiatives had positive effects.

In summary, students who received services through a wraparound approach made significant gains in emotional and behavioral functioning, increased stability in their living environments, improved on educational indicators (e.g., performance, movement to less restrictive environment), and reported feelings of satisfaction. The scope of these findings are broad and reach the home, school, and community environments. These gains were made in a relatively short period of time (i.e., one year after services began). They provide clear evidence that supports and services need to continue if we are to test the long term effects.

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Secondary findings which examined placement in restrictive educational settings warrant further investigation. The finding that students who were placed in the most restrictive educational settings have the most problems with attendance may call for an examination of the efficacy of placing students in costly educational settings where they may not be attending regularly. In some cases, students in restrictive settings may have a history of attendance problems prior to this placement, or students may develop attendance problems as a result of being placed in these settings. The relationship of attendance to educational setting warrants further investigation.

The finding that clinical levels of functioning is not a predictor of educational placements also warrants future research. Students with severe emotional disturbance may be found in the least restrictive settings. This supports the move toward providing supports to students with EBD at all levels of the educational continuum. Moreover, providing comprehensive services for these students at early stages may prevent the need for restrictive settings. The fact that teachers appreciate and find consultation helpful suggests that school districts need to plan for supports to the classroom teacher in order to support the student with EBD. Supports to the classroom teacher not only impacts the target student but may have an impact on other students as well.

Changes in parents' roles in the service system have resulted through efforts of the EBD Initiatives. These included the use of parental input in the decision making process, the development of parent forums where parents can exchange information and gain self-advocacy skills, and parents being trained and supported to become wraparound facilitator. Findings from analyses of service provision found that there was an overall increase in receipt of services from Time 1 to Time 2. As a result in participation with the initiative, families were assisted in obtaining services and supports that were previously inaccessible or unavailable. Establishing linkages between families and community resources helps to ensure the continuity of services beyond the funding of the initiative.

Analyses from service provision also found that receipt of services was related to family need, an out-of-home placement history, and students' level of disability. This suggests that initiative staff were targeting services to students and families with respect to level of risk and individual needs. Although students showed improvements in their emotional and behavioral functioning, improvement over time in family functioning (as measured by the FACES) was not demonstrated. It may be that supports and services have not been in place long enough to impact the stresses of these families which has accumulated over time. Further evaluation is needed to include length of participation and when services begin in order to test their effects on family functioning. It may also be that services and supports targeted toward the child have the greatest impact on them (i.e., demonstrated improvements in emotional and behavioral functioning).

System level outcomes include the merging of initiative staff positions with special education districts or community agencies in order to continue the wraparound approach, beyond the three-year funding cycle of the project and the merging of Project Interagency Councils with LANs. LANs in communities where ISBE initiatives were located have moved more quickly to implement wraparound plans, access flex funds through the interagency pooled funding initiative, train interagency teams in wraparound implementation and in overall involvement of educators in the LANs.

The expansion of the TA and Evaluation component of the Initiative to a broader statewide network is an additional system change indicator. School districts and special education cooperatives throughout Illinois have indicated interest in restructuring school options based on the wraparound approach. They have been attending technical assistance and networking meetings and many districts have begun a planning process to this end.

As Technical Assistance throughout the state continues, evaluation of these efforts will continue to expand. Plans are being made to include interested school districts in technical assistance opportunities and to participate in evaluation activities designed to support their local efforts at system change. This will also provide an expanded data base to further explore outcome-based strategies and guide statewide planning, policy-making and resource allocation. Emphasis will continue on integrating the EBD Partnership Initiative into local schools and communities. Evaluation efforts have also expanded this past year to include students and families who receiving funds through the state interagency flex-fund initiative. This will expand the knowledge base in several ways. First, it will allow for comparisons of the characteristics and service receipt of students. Second, it will allow for comparisons of outcomes for models of the wraparound process through a school-based intervention and a community-based approach. This information will be useful in planning and development of services and supports for youth with EBD and their families.

The development of comprehensive supports, flexible service options, and coordinated efforts across systems has been the primary objectives of the ISBE EBD Partnership Initiatives. The key findings support the continued development and implementation of individualized strategies through a wraparound approach for students with EBD and their families in home, school and community settings. The complete end-of-year report presents more detailed findings regarding the impacts and outcomes of the initiatives, describes the technical assistance and evaluation activities over the course of this past year, and discusses future steps.

In summary, the provision of supports and services for youth with EBD and their families are undergoing major changes in Illinois. Policy makers and state systems are rethinking traditional categorical service options limited to restrictive settings because of their high costs and poor results. Service options which include a strong parental role, allow the redistribution of categorical funds, meet the needs of the youths in their natural environments are gaining consensus both in policy and practice. The findings from the EBD Partnership Initiative begin to demonstrate how effective outcomes can be achieved and outlines the work that lies ahead.

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Key Findings from the 1994-1995 Report

LADSE

This report provides a summary of the key findings from the 1994-1995 End of the Year Report for LADSE. Four areas will be explored: 1) Background Information, 2) Student Outcomes, 3) Family Outcomes, and 4) Services. The Student Outcomes section is divided into four parts: 1) Changes in Emotional and Behavioral Functioning, 2) Educational Outcomes, 3) Effects of Clinical Functioning on Educational Placement, and 4) Changes in Living Situation. The section on Family Outcomes highlights changes in family functioning. The section on Services provides information on both the types of services that were provided, and familys' satisfaction with these services.

Student Background Characteristics:

- **The information contained in this summary are based on a sample of 72 students. 28 of the students were referred during Wave 1, six students were referred during Wave 2, 23 students were referred during Wave 3, and 15 students were referred during Wave 4.**

- **76% of the students were referred to the Initiative in order to prevent a more restrictive placement. 24% of the students were referred to the Initiative as a result of returning from either a residential placement (8%) or from a self-contained special education setting (16%).**

- **85% of the students had an identified emotional or behavioral disability at the time of referral.**

- **An analysis of the demographic characteristics of students showed that: 88% of the students were white, the average age of students was 13, and 55% of the students were living with two parents at the time of referral.**

- **Students had multiple risk factors at both the family and individual level. Students had an average of five risk factors. The most frequently reported Family Risk Factors included: single parent family (39%), divorce between natural parents (37%), three or more siblings (34%), history of family alcoholism (37%), negative peer influences (34%), and other family member with a chronic illness or disability (34%). The most frequently reported child risk factors included: below grade level achievement (59%), and dangerous to others or history of aggression/violence (29%).**

Changes in Students' Emotional and Behavioral Functioning:

- **Three measures were used to assess change in students' emotional and behavioral functioning: The Teacher Report Form (TRF), the Child Behavior Checklist (CBCL), and the Child and Adolescent Functional Assessment Scale (CAFAS).**

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- Significant improvements were found on the teachers' ratings of students emotional and behavioral functioning using the TRF. Students showed significant improvements on the subdomains of: withdrawn, attention problems, aggressive behavior, and total problems. No differences were found on the Internalizing Domain of the TRF, however significant improvements were found on the Externalizing Domain (n=6).

- Parents ratings students' emotional and behavioral functioning using the CBCL showed significant improvement from Time 1 to Time 2 on the subdomains of: social problems, thought problems, attention problems, delinquency, and total problems. The subdomains of withdrawn and aggressive behavior indicated improvements that approached significance. Significant improvement was noted on both the Internalizing and Externalizing domains of the CBCL (n=12).

- No significant differences were found between Time 1 and Time 2 on the CAFAS (n=15).

Changes in Living Situation

- There was a significant reduction in the number of placements that a student experienced from the one year prior to receiving services from the Initiative (mean = 1.48) to one year after receiving services from the Initiative (mean = 1.08), p=.005, n=25.

Educational Outcomes.

An analysis of 25 students for whom Time 1 and Time 2 educational placement data were available showed that:

- 3 out of the 25 students moved from more restrictive educational settings (i.e., psychiatric hospital, day placement, and residential placement) to less restrictive educational settings (i.e., regular education, and special education classrooms).

- 18 out of 25 students maintained their educational placements (i.e., regular education with resource, special education, and day school) from Time 1 to Time 2.

- 4 out of 25 students moved from less restrictive educational settings (i.e., regular education with resource, and special education classrooms) to more restrictive educational settings (i.e., special education classrooms and day school placements) by Time 2.

- A comparison of teacher ratings of overall performance at Time 1 to teacher ratings of grade performance at Time 2 showed that students' classroom performance significantly improved (n=25).

- Students behavior in unsupervised settings significantly improved from Time 1 to Time 2 (n=25).

- Teacher ratings of students receiving services from the LADSE Initiative show that 85% of the students had good attendance.

- **Teacher ratings of students receiving services from the LADSE Initiative show that students were having difficulty: completing homework (70%), working independently (59%), completing class work (56%) and passing tests (49%).**

- **86% of the teachers reported attending planning meetings for their students. 100% of the teachers were given consultation for their students, and 100% of the teachers who received consultation reported that this consultation was helpful.**

Effects of Clinical Functioning on Educational Placement

- **Students who scored within the borderline to severe range on the CBCL were found in more restrictive educational placements than students who did not.**

Family Outcomes

- **At the time of referral to the Initiative, families reported needs that included: getting clothes, getting information about services, information on their child's disability, getting information on government benefits, and finding ways to help their child become more independent.**

- **No significant changes were found on adaptiveness or cohesiveness between Time 1 Time 2.**

Services

- **Families reported receiving a wide range of services. The most frequently reported services included: individual counseling for their child, family counseling, getting information about government services, park district programs, respite care, summer camp, transportation, and support groups.**

- **Families reported a high level of satisfaction with the services they received. 95% percent of the families reported that they were treated with respect, 90% of the families reported that they were included in the decision making for their child, and 74% reported that the staff asked about the needs of the entire family, and 53% of the families reported that the Initiative improved family life overall.**

LADSE

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IV. RELATED READINGS

Related Readings

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